

1336

MARGIN RESERVED FOR BINDING

U.S. No. 98

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1 PLACE OF DEATH
County Cochise State Arizona Registered No. _____
Township 18 R 21 E 9 N 51 T M R or Village St. David or
City St. David No. _____ St. _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Amelia Sabino
(a) Residence. No. _____ St. _____ Ward _____
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5a If married, widowed, or divorced
HUSBAND Margaret Jane Sabino
(or) WIFE of
6 DATE OF BIRTH (month, day, and year)
7 AGE 74 Years Months 8 Days 7 If LESS than 1 day, --- hrs. or --- min.

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) None
(c) Name of employer

9 BIRTHPLACE (city or town) Lanster
(State or country) Penn

10 NAME OF FATHER David J. Sabino

11 BIRTHPLACE OF FATHER (city or town) Germany
(State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) Lanster
(State or country) Penn

14 Informant John H. Sabino
(Address) Benson, Ariz

15 Filed Sept 9, 1908 J. N. Christensen
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 13 1908

17 I HEREBY CERTIFY, That I attended deceased from December, 1907, to Feb 13, 1908, that I last saw him alive on Feb 13, 1908, and that death occurred, on the date stated above, at 4 P.M.
The CAUSE OF DEATH* was as follows:
Old Age and Bg
A Fall

(duration) yrs. 3 mos. ds.

CONTRIBUTORY Age
(SECONDARY)

(duration) yrs. mos. ds.

18 Where was disease contracted
if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Colonel

(Signed) R. J. Morrison, M. D.

, 19 (Address) Benson, Arizona

* State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL St. David DATE OF BURIAL Feb 14 1908

20 UNDERTAKER R. J. Morrison ADDRESS St. David